



OCCUPATIONAL LICENSE INTAKE FORM

State Form 47367 (R/3-08)

INDIANA GAMING COMMISSION

*This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

Application date (<i>month, day, year</i>)		Casino			
Last name		First name		Middle initial	Maiden name
Social Security Number*	Position		Level	Department	
Address (<i>number and street</i>)					
City		State	County		Zip code
Telephone number	Citizenship		Date of birth	City of birth	
Height		Weight		Sex (<i>circle one</i>)	
				Male	Female
				Age	

CIRCLE THE CODES THAT APPLY

HAIR COLOR

Bald BAL	Black BLK	Blond/Strawberry BLN
Brown BRO	Gray/Part Gray GRY	Red/Auburn RED
Sandy SDY	White WHI	

EYE COLOR

Black BLK	Blue BLU	Brown..... BRO
Gray GRY	Green GRN	Hazel HAZ
Maroon MAR	Pink PNK	

SKIN TONE

Albino ALB	Black BLK	Dark DRK
Dark Brown ... DBR	Fair FAR	Light LGT
Light Brown ... LBR	Medium MED	Medium Brown MBR
Olive OLV	Ruddy RUD	Sallow SAL
Yellow YEL		

RACE

White W	Black B	Asian/Pacific Isl A
Am. Indian/Alaskan ... I	Multi-Racial M	Hispanic H

INDIANA GAMING COMMISSION USE ONLY BELOW THIS LINE

Proof of Identification <input type="checkbox"/>	Occllic Date entry complete <input type="checkbox"/>	Application Scanned and Saved on S: Drive <input type="checkbox"/>
Proof of Age <input type="checkbox"/>	Fingerprints taken <input type="checkbox"/>	Email Application to Investigations <input type="checkbox"/>
Application complete and legible <input type="checkbox"/>	Photograph taken <input type="checkbox"/>	
Interview complete <input type="checkbox"/>	Badge printed <input type="checkbox"/> <i>*unless felony conviction</i>	

Agent Received by _____

Identification number _____